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## **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10/828,790
Filing Date	4/21/2004
First Named Inventor	Igor Polyakov
Title	DERMATOCYCOSIS VACCINE
Art Unit	1645
Examiner Name	MINNIFIELD, NITA M
Attorney Docket Number	3-0400-5-C5

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SIGNATURE of Applicant or Assignee of Record						
Signature	dudnita	THINOOR	·····		Date	11/12/2008
Name	Ludmilla Ivanova			1	Telephone	
Title and Company						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
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SIGNATURE of Applicant or Assignee of Record						
Signature	Ton	or Polyndor		Date 11/12/2008		
Name	Igor Polya			Date   11/12/108		
Title and Company				1 telephone		
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